



Skating Registration Form

(PLEASE PRINT)

Participant's Name: _____

Date of Birth: _____ ☐ Male ☐ Female Age: _____

Grade **201+/1**, School Year: _____ School: _____

Address _____ City/State/Zip _____

Parent/Legal Guardian _____ Phone (H) _____ Phone (C) _____

Parent/Legal Guardian _____ Phone (H) _____ Phone (C) _____

Emergency Contact: _____ Emergency/Cell Phone _____

Parent's e-mail Address _____

Does the participant have any special conditions that the Division of Parks, Recreation and Tourism should be aware of?

REGISTRATION POLICIES & CONSENT (SIGNATURE REQUIRED)

Important: Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in the "Skate, Rattle and Roll" program sponsored by York County Parks, Recreation and Tourism, I acknowledge and consent to the program policies listed here as indicated by my signature below:

Acknowledgement and Assumption of all Inherent Risk: I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this Registration Form.

Authorized Media Release: I understand that the registered individual(s) on this form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media (print and online newspapers, television and radio broadcast, etc.) and official York County publicity (including York County Government and School cable channels, internet Web sites, press releases, social media postings, YouTube, publications, fliers, displays, and presentations).

Indemnity: I hereby do fully release, absolve, indemnify, and hold harmless the County of York, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this Form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by York County Parks, Recreation and Tourism.

Medical Care: I authorize the County of York, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

Program Safety Rules: I have read the copy of the Safety Rules given to me and understand their importance. As a result, I will follow them myself and enforce them to my child. I will also support the disciplinary decisions made by staff and the Skate, Rattle and Roll program to help ensure the well being of my child and others.

X

SIGNATURE OF ADULT PARTICIPANT OR PARENT / LEGAL GUARDIAN

DATE